APPENDIX F Bacterial Analysis for Coliform Bacteria



Laboratory Report

for

City of San Bernardino Municipal Water Department

PO Box 710

San Bernardino , CA 92402

Attention: Con Arrieta Fax: 909 384 5928

DATE OF ISSUE

DEB Debbie Frank Project Manager nelac 1

Report#: 127570 ROUTINE-REX

Laboratory certifies that the test results meet all NELAC requirements unless noted in the Comments section or the Case Narrative. Following the cover page are Data Report, Hits Report, totaling 2 page[s].

CHAIN OF CUSTODY RECORD

Montgomery Watson Harza Laboratories

750 Royal Oaks Drive Suite 100, Monrovia CA

| | TURNAROUND TIME | |
|------|-----------------|----|
| DATE | PAGE | OF |

| Tel: 626- | 3861100 | Fax | : 626-386-110 | 01 | | | METHO | DS | | 12 | 152 | 10 | | |
|--|--|--|---|------------------|-----------------------|---|--------------------|--|-----|----------|--------------|--------------|----------------------|----------------------------|
| COMPANY CONTACT PHONE ADDRESS PROJECT SAMPLER (SIG | Con A 909-3 P.O. E San B 19TH S GNATURE) | rrieta 77-37 SOX T ernai | 1 194 710 rdino, CA 924 ET PLANT - BA | 02 ACKWASH SU | Pager No. 909-384-59 | ER DEPARTMENT 909-423-4727 928 E 10-6180-363 | Colilert P/A 18hr. | НРС | | | | | NUMBER OF CONTAINERS | COMMENTS 322-4639 COREY |
| SAMP | LE I.D. | TYPE | i | FIME | | DESCRIPTION | | - | | | | | ž | |
| 1 | | R | 5-24-04 | 9:00 | <u> </u> | South Blow Off | X | | | | | | 1 | . Ce CITRES |
| 2 | | ├ | 5-24-04 | 8.52 | 24' Pipeline | North East Blow Off | | X | | <u> </u> | | - | 1 | 35 CIZ RES |
| 3 | - | | 5-24-04 | 8.50 | 24' Pipeline | North West Blow Off | X | X | | | | | 1 | "3 CLIRES |
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| | *************************************** | | | | | | | | - | | | | | |
| CY SIGNATURE | | !- | | **** | DATE | RELINQUISHED BY SIGNATURE | | | DA | TE | | SAM | | TOTAL NUMBER OF CONTAINERS |
| RINTED NAME MAX MAYBERIZY OMPANY | | | | | 3: 2.5 | PRINTED NAME COMPANY | | | TII | ME | RECEIVED | | 000L | WARM OF |
| 2 GNATURE 5/24 | | | | | DATE S/24/ | 4 RECEIVED BY | | | DA | | CUSTODY SE | | YES[EMEN | NO |
| | eldor | The state of the s | Jule L. Fran | | PRINTED NAME COMPANY | | | TIF | ME | | | | | |
| YNAGMO | 100 | H | • | | J. J. J. J | COMPANY | | | | 1 | VOC Preserva | tive = C | 6H806 | , 4C, HCL 2 drops field |

Sald Con-

| MWH Laborato | orles, a Division of MWH Americas, Inc. | Bottle Order for City of San Bernardino, Department | of Water Page 1 of19093 |
|----------------------------------|--|---|---|
| 750 Royal Oaks Monròvia CA 91 | s Avenue Suite 100 1016 (626) 386-1100`FAX (626) 386-1124 | Client Code SANBERN-CA W Weekly | Period |
| | | Project Code ROUTINE-REX | |
| | Your MWL Project Manager | PO# / Job# | |
| | Direct Phone/Voice Mail | Blanket PO 200069 exp 6/30/04 | |
| SO# 19093 ¹ | Sampler: Pleas | se Return this Paper with your samples | |
| Created by EEF | () Ship Sample Kits to | Send Report to | Billing Address |
| Order Date | City of San Bernardino | City of San Bernardino | City of San Bernardino |
| 05/20/04 | Municipal Water Dept. Corporate Yard | Municipal Water Department PO Box 710 | Municipal Water Department |
| Date Needed by Client | 195 North D St. San Bernardino, CA 92402 | San Bernardino, CA 92402 | PO Box 710 San Bernardino, CA 92402 |
| | San Bernardino, CA 92402 | | |
| Date Samples | ATTN: Con Arrieta | ATTN: Con Arrieta, WQ Supv | Quote# |
| to Arrive at MWL | PHONE: (909) 377-3194 | | EEF Quote# |
| # of Somples | | FAX: (909) 384-5928 | |
| # of Samples Tes | | Bottles-Qty for each sample, type & preservative if any | UN# Important Comments |
| ROUTE C DIST | MICRO | | Shipping: Label coolers WEEK 4 |
| 33 @COLIPAS, SPC | UCMCLFR 1 | 100ml sterile COLILERT container with THIO xls. SHORT HOLDING TIME!!!!! | Route B,C Micro |
| | | | Harriston (100 - 100 Strain Array) Maria Maria Barriston (100 Strain Array) Maria Maria Maria Maria Maria Maria |
| | | | — Pack Frozen Blue Ice on Bottom |
| | 이번에 보고 그리는 중요한다. | | shipping label containers see |
| | | | COC's in MASTER A,BC,D,E |
| | | | Route C -DIS Route B DIS |
| | | | Route B REServoir |
| | | | |
| | | | Sampler: Be sure to fill containe to base of neck (above 100ml |
| | | | mark to enable using for SPC |
| | | | also). |
| | | | UCMCLFR is the testcode for |
| | | 가능하는 경기 가는 사람이 있다. | Free Chlorine field data entry |
| | | 지역 교육 시간 전 경기 등 경기 | |
| | | 장과장[[생기] 이 이 이 아이는 아이는 말로 바다. | 4일 1.11 - 12 12 12 12 12 12 12 12 12 12 12 12 12 |
| | | | 그런 하는 사람이 많아 세 함께 있는데 보다 그 전 사람이다. |
| | | | |

Qty of Coolers Tracking Number

Prepared By

SCANNED

Date Shipped

Status

ActiveCode

MWH Laboratories

750 Royal Oaks Drive, Monrovia, CA 91016 PHONE: 626-386-1100/FAX: 626-386-1101

ACKNOWLEDGMENT OF SAMPLES RECEIVED

City of San Bernardino

Municipal Water Department

PO Box 710

San Bernardino, CA 92402

Attn: Con Arrieta Phone: 909 377-3194 Customer Code: SANBERN-CA

Group#: 127570

Project#: ROUTINE-REX
Proj Mgr: Debbie Frank

Phone: 626 386-1149

The following samples were received from you on 05/24/04. They have been scheduled for the tests listed beside each sample. If this information is incorrect, please contact your service representative. Thank you for using MWH Laboratories.

| Sample# | Sample Id | | Matrix | Sample Date |
|-----------|---------------|-----------------------|-------------|----------------------|
| · · · | 4 | Tests Scheduled | | |
| 240525003 | 38 1 24' SOU | TH BLOW OFF | Water | 24-may-2004 09:00:00 |
| | | @COLI-PA SPC | UCMCLFR | |
| 240525003 | 89 2 24' NOR' | TH EAST BLOW OFF | Water | 24-may-2004 08:52:00 |
| | | @COLI-PA SPC | UCMCLFR | |
| 240525004 | 10 3 24' NOR' | TH WEST BLOW OFF | Water | 24-may-2004 08:50:00 |
| | | @COLI-PA SPC | UCMCLFR | |
| | | Test Acronym | Description | |
| Test A | Acronym De | escription | | |
| @0 | OLI-PA C | oliform,Pres/Absence | ,24 Hours | |
| SF | | eterotrophic Plate Co | | |
| IJC | MCLFR U | CMR Free Chlorine Rea | sidual | |



City of San Bernardino Con Arrieta Municipal Water Department PO Box 710 San Bernardino , CA 92402

Samples Received 24-may-2004 15:30:00

| Analyzed | Sample# | Sample ID | Result | UNITS | MRL |
|----------------------|------------|---------------------------------------|--------|----------------|-------|
| | 2405250038 | 1 24' SOUTH BLOW OFF | | | |
| 05/28/04 | UCMR Free | e Chlorine Residual | 0.6 | mg/l | .010 |
| | 2405250039 | 2 24' NORTH EAST BLOW | OFF | | |
| 05/28/04 | UCMR Free | Chlorine Residual | 0.35 | mg/l | .010 |
| | 2405250040 | 3 24' NORTH WEST BLOW | OFF | | |
| 05/26/04 05/28/04 | | phic Plate Count Chlorine Residual | 1.0 | CFU/ml mg/l | 1.000 |



City of San Bernardino Con Arrieta Municipal Water Department PO Box 710 San Bernardino , CA 92402

Samples Received 05/24/04

| Prepared | Analyzed Q | C Ref# | Method | Analyte | | Result | Units | MRL | Dilution |
|----------|----------------|--------|-------------|-------------------|--------------|------------|----------|--------|----------|
| 1 24' | SOUTH BLOW | OFF (| 2405250 | 038) Sam | pled on | 05/24/04 (| 09:00 | | |
| 05/24/04 | 05/26/04 14:45 | (| ML/SM9215B |) Heterotrophic F | late Count | <1.0 | CFU/ml | 1.0 | 1 |
| | 05/28/04 18:14 | ľ | SM4500-CL G |) UCMR Free Chlor | ine Residual | 0.6 | mg/l | 0.010 | 1 |
| | | c | oliform | , Pres/Absenc | e,24 Hour | s | | | |
| 05/24/04 | 05/25/04 17:52 | (| ML/SM 9223 |) E. coli Bacteri | a | A | PA | 0.0000 | 1 |
| 05/24/04 | 05/25/04 17:52 | (| ML/SM 9223 |) Total Coliform | Bacteria | A | PA | 0.0000 | 1 |
| 2 24 | NORTH EAST | BLOW | OFF (24) | 05250039) | Sampled | on 05/24 | L/04 08: | 52 | |
| 05/24/04 | 05/26/04 14:45 | (| ML/SM9215B |) Heterotrophic P | late Count | <1.0 | CFU/ml | 1.0 | 1 |
| | 05/28/04 18:14 | (| SM4500-CL G |) UCMR Free Chlor | ine Residual | 0.35 | mg/l | 0.010 | 1 |
| | | C | oliform, | Pres/Absenc | e,24 Hour | s | | | |
| 05/24/04 | 05/25/04 17:52 | (| ML/SM 9223 |) E. coli Bacteri | a | A | PA | 0.0000 | 1 |
| 05/24/04 | 05/25/04 17:52 | (| ML/SM 9223 |) Total Coliform | Bacteria | A | PA | 0.0000 | 1 |
| 3 24 ' | NORTH WEST | BLOW | OFF (240 |)5250040) | Sampled | on 05/24 | 4/04 08: | 50 | |
| 05/24/04 | 05/26/04 14:45 | (| ML/SM9215B |) Heterotrophic P | late Count | 1.0 | CFU/ml | 1.0 | 1 |
| | 05/28/04 18:14 | (| SM4500-CL G |) UCMR Free Chlor | ine Residual | 0.3 | mg/l | 0.010 | 1 |
| | | C | oliform, | Pres/Absenc | e,24 Hour | S | | | |
| 05/24/04 | 05/25/04 17:52 | | ML/SM 9223 |) E. coli Bacteri | | A | PA | 0.0000 | 1 |
| 05/24/04 | 05/25/04 17:52 | (. | ML/SM 9223 |) Total Coliform | Bacteria | A | PA | 0.0000 | 1 |

| Setup By: | R.S. | | C | llinical Laborator | y of San Bern | ardino, | Inc. | | X | Plate Count (HPC) |
|--|--------------------|--|--------------------|--------------------------|----------------------------------|------------------|-------------------|------------------|------------------------------|---|
| Date/Time: | 05/21/04 | | | Post | Office Box 329 | 9 | | | X | Colilert |
| Hours: | 1515 | TO A LINE OF THE PARTY OF THE P | | | Colilert w/Density | | | | | |
| Were Holding | Times Met? | - | | Phone (909) 825- | 7693 Fax (909) 8 | 325-7696 | | | | 10 Tube Method (MTF) |
| (YES) | NO | | | Coliform Ba | cteria Repor | rt Forn | 1 | | <u> </u> | , · · · · · · · · · · · · · · · · · · · |
| Report Date: | 05/23/04 | Syster | n Name: | City | of San Bernardi | 110 | | System N | umber: | |
| Laboratory: _ | Clinical La | boratory | of San Ber | nardino, Inc. <u>E</u> I | LAP # 1088 | Signature | of Lab Di | rector | | 16 |
| Date Sampled | :05/21 | /04 | Sampler: | Eric Da | lapiaz | Emp | loyed By: | | City of | San Bernardino |
| Laboratory I.D. Number (CLSB use only) | Collection Time | Bottle Number | Site | Name/Street Address | Total/Free Chlorine (mg/L) | Sample Type * | Total Coliform | Fecal E. Coli | Plate Count (per 1 ml) | Remarks |
| 36 | 2:00 | 1 | Plan Pro | file #1 | 1.0 | | A | | <1 | |
| 37 | 1:52 | 2 | Plan Pro | file # 2 | 1.2 | | A | | 1 | |
| 38 | 1:38 | 3 | Plan Pro | file # 3 | 1.2 | | A | | 4 | |
| 39 | 1:45 | 4 | Plan Pro | file # 4 | 1.8 | | A | | <1 | |
| | | | | 71 | | | | | | |
| | | | | | | | | | | ECEIVEM |
| | | | | | | | | | R | |
| | | | | | | | | | | UALITY CONTROL |
| | | | | | | | | | 1 | 6.17.4 |
| | | | | | | | | | QCO_ | |
| | | | i i | | | | | | DiR | |
| | | | | | | | | | En ED | gv |
| * 1=Routine 2=Repeat | W=Well D=Distr | | P=Present A=Absent | Notification Requ | iired? Yes [| No | Person No | otified: | | |
| 3=Replacement 4=Special | | | | Phone Number: | | | Date/Time | e Notified | • | |
| F N | | | | Colilert | НРС | - - | MTF | Do | nsity |] |
| | | | Read By: | P.N. | P.N | <u>'</u> | · = 4 E | 100 | zotty | |
| L. | | Date/Tir | me Read: | 05/22/04@1015 | 05/23/04 | | | - | | |



Laboratory Report

for

City of San Bernardino Municipal Water Department

PO Box 710

San Bernardino , CA 92402

Attention: Con Arrieta Fax: 909 384 5928

DATE OF ISSUE

JUN 2 8 2004

MWH LABORATORIES

DEB Debbie Frank Project Manager



Report#: 128391 SPECIAL

Laboratory certifies that the test results meet all NELAC requirements unless noted in the Comments section or the Case Narrative. Following the cover page are Data Report, Hits Report, totaling 2 page[s].

CHAIN OF CUSTODY RECORD

Montgomery Watson Harza Laboratories

750 Royal Oaks Drive Suite 100, Monrovia CA

| | TURNAROUND TIME | | |
|------|-----------------|----|--|
| DATE | PAGE | OF | |

| COMPANY Pager No. 909-423-4727 Pager No. 909-423-4727 Price Pager No. 909-423-4727 Price Pager No. 909-384-5928 Pager No. 909-384- | Tel: 626-3 | | | 626-386-110 | 1 | | | | ME | THOE | os | | | | | | | |
|--|-------------------------------|---------------------------------------|--------------------------------|--------------------------|-----------|-----------------------------|--|-----------|-----|----------------|----------|--------------|--------------|-----------------------|----------|---------|-----------------|--------------------------|
| THE PRINTED MAKE SCHAPLED BY SCHAPLED WARE THE PRINTED MAKE SCHAPLED WARE SC | COMPANY CONTACT PHONE ADDRESS | Con Ar 909-37 P.O. Bo San Be | rieta 7-31 OX 7 ernar | 94 10 dino, CA 924 | FAX 02 | Pager No. 90 909-384-592 | Pager No. 909-423-4727 909-384-5928 | | | | | | | | | | R OF CONTAINERS | |
| THE PRINTED NAME TO STAND STREET CONDITIONS THE PRINTED NAME TO STAND STREET CONDITIONS THE PRINTED NAME THE PRINTE | SAMPLER (SIG | NATURE) | | | | | | Olifer |) L | | | : | | | | | NOMBE | B. Teples |
| TOWARD PRINTED NAME TIME RECEIVED BY SIGNATURE PRINTED NAME PRINTED | SAMPL | E I.D. | | DATE / V AV | | | | | +- | + | | | | | - | + | \dashv | |
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| SIGNATURE PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TOWNSHIP T | 2 | | Т | 6.809 | 7:05 | 12" Pipeline | South West Port | <u>X</u> | X | | - | ļ | | | | _ | -1 | ٠ ' |
| SIGNATURE PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TOWNSHIP T | | | | | | | | | _ | | | | | | | | _ | |
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| SIGNATURE PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TOWNSHIP T | RELINO | UISHED BY | | 1000 1 | 60 1 | DATE / | RELINQUISHED BY | | L | | DA | ATE | | | | | 7 | |
| SIGNATURE PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TOWNSHIP T | SIGNATURE | 707 | | TILLED | (1010 | | T 1988 | | | | \dashv | | | and the second second | 9 | AMD | | |
| SIGNATURE PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TOWNSHIP T | | 211 | ro | wegen | | TME | PRINTED NAME | | | | Ti | IME | 1 | | 3, | MINIE | בב ו | |
| SIGNATURE PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TOWNSHIP T | PRINTED NAM | 544 | 2 | ARCIN | 1 Elas | | | | | | _ | | REC | EIVED |) | CO | OL | WARM°F |
| SIGNATURE PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TIME PRINTED NAME TOWNSHIP T | COMPANY | $\tilde{}$ | b 1/ | nw | | | COMPANY | ľ | | | | | cus | TODY | SEAL. | S Y | ÆS. | NO |
| 17/07/01/01 x22 1/3/08/0 17/0 | 2 RECEIVED BY SIGNATURE | | | S PE JUS | 4 | | | | 64 | 8-4 | 1 | | | | | SCANNED | | |
| TO A TO A TO A TOTAL AND A | | | 10 11/1 | TUNG | | TIME ACZ_ | | U. 1) (5U | 58 | | 1 . | | VOC | Droce | netivo |) = C81 | HROS | 3. 4C. HCL 2 drops field |

MWH Laboratories

750 Royal Oaks Drive, Monrovia, CA 91016 PHONE: 626-386-1100/FAX: 626-386-1101

ACKNOWLEDGMENT OF SAMPLES RECEIVED

City of San Bernardino

PO Box 710

San Bernardino, CA 92402

Attn: Con Arrieta Phone: 909 377-3194

Municipal Water Department Customer Code: SANBERN-CA

Group#: 128391 Project#: SPECIAL

Proj Mgr: Debbie Frank

Phone: 626 386-1149

The following samples were received from you on 06/08/04. They have been scheduled for the tests listed beside each sample. If this information is incorrect, please contact your service representative. Thank you for using MWH Laboratories.

| Sample# | Sample | Id | Tests Schedule | Matrix d | Sample Date |
|--|------------------------------------|---------|-------------------|---------------|----------------------|
| 240609000 |)6 1 12" I | PIPELII | NE NORTH EAST PO | RT Water | 08-jun-2004 14:20:00 |
| 202000000000000000000000000000000000000 | 00.000,000.000.000.000.000.000.000 | | @COLI-PA SPC | UCMCLFR | |
| 240609000 |)7 2 12" I | PIPELI | NE SOUTH WEST PO | | 08-jun-2004 14:25:00 |
| | | | @COLI-PA SPC | UCMCLFR | |
| | | | Test Acrony | m Description | |
| Test A | cronym | Desci | ription | | |
| @C | OLI-PA | Colif | form, Pres/Absenc | e.24 Hours | |
| SP | | | cotrophic Plate | | |
| The state of the s | MCLFR | | Free Chlorine R | | |



City of San Bernardino
Con Arrieta
Municipal Water Department
PO Box 710
San Bernardino , CA 92402

Samples Received 08-jun-2004 17:10:00

| Analyzed | Sample# | Sample ID | Result | UNITS | MRL |
|----------------------|------------|--|-----------|----------------|-------|
| | 2406090006 | 1 12" PIPELINE NORTH | EAST PORT | | |
| 06/10/04 06/08/04 | | ophic Plate Count e Chlorine Residual | 1.0 | CFU/ml mg/l | 1.000 |
| | 2406090007 | 2 12" PIPELINE SOUTH | WEST PORT | | |
| 06/10/04 06/08/04 | | ophic Plate Count e Chlorine Residual | 1.0 | CFU/ml mg/l | 1.000 |



City of San Bernardino Con Arrieta Municipal Water Department PO Box 710 San Bernardino , CA 92402 Samples Received 06/08/04

| Prepared | Analyzed QC Ref# | Method | Analyte | Result | Units | MRL | Dilution |
|----------|------------------|---------------|-------------------------------|------------|----------|--------|----------|
| 1 12" | PIPELINE NORTH | EAST PORT | (2406090006) | Sampled on | 06/08/04 | 14:2 | 0 |
| 06/08/04 | 06/10/04 14:45 | (ML/SM9215B |) Heterotrophic Plate Count | 1.0 | CFU/ml | 1.0 | 1 |
| | 06/08/04 00:00 | (SM4500-CL G |) UCMR Free Chlorine Residual | L 0.4 | mg/1 | 0.010 | 1 |
| | | Coliform, | Pres/Absence,24 Ho | ours | | | |
| 06/08/04 | 06/09/04 17:50 | (ML/SM 9223 |) E. coli Bacteria | A | PA | 0.0000 | 1 |
| 06/08/04 | 06/09/04 17:50 | (ML/SM 9223 |) Total Coliform Bacteria | A | PA | 0.0000 | 1 |
| 2 12" | PIPELINE SOUTH | WEST PORT | (2406090007) | Sampled on | 06/08/04 | 14:2 | 5 |
| 06/08/04 | 06/10/04 14:45 | (ML/SM9215B |) Heterotrophic Plate Count | 1.0 | CFU/ml | 1.0 | 1 |
| | 06/08/04 00:00 | (SM4500-CL G |) UCMR Free Chlorine Residual | 0.2 | mg/l | 0.010 | 1 |
| | | Coliform, | Pres/Absence,24 Ho | ours | | | |
| 06/08/04 | 06/09/04 17:50 | (ML/SM 9223 |) E. coli Bacteria | A | PA | 0.0000 | 1 |
| 06/08/04 | 06/09/04 17:50 | (ML/SM 9223 |) Total Coliform Bacteria | A | PA | 0.0000 | 1 |



Laboratory Report

for

City of San Bernardino Municipal Water Department

PO Box 710

San Bernardino , CA 92402

Attention: Con Arrieta Fax: 909 384 5928

DATE OF ISSUE

JUL 0 1 2004

DEB Debbie Frank

Project Manager

nelac 1114CA

Report#: 128620

SPECIAL

Laboratory certifies that the test results meet all NELAC requirements unless noted in the Comments section or the Case Narrative. Following the cover page are Data Report, Hits Report, totaling 2 page[s].

CHAIN OF CUSTODY RECORD

Montgomery Watson Harza Laboratories

750 Royal Oaks Drive Suite 100, Monrovia CA

| CORD | | TURNAROUND TIME | 128620 |
|------|------|-----------------|--------|
| | DATE | PAGE | OF |

| - | | | 626-386-110 | | | | | | | | - | | | |
|--|---|--|-------------|---|--|--------------------|----------------|--------------|--------------|-----------------------|--------------|--------------|------------|----------------------------|
| | | | | - · · · · · · · · · · · · · · · · · · · | | | MET | HODS | <u>s</u> | , | | - | · | |
| COMPANY | CITY C | | | DINO MUNIC | IPAL WATER DEPARTMENT Pager No. 909-423-4727 | - | | | | | | | CONTAINERS | COMMENTS |
| PHONE | 909-37 | | | FAX | 909-384-5928 | - | | | | i | | | N N | |
| ADDRESS | P.O. B | | | | | _ <u>j</u> | | | | 1 | | | N N | |
| San Bernardino, CA 92402 | | | | | | | | Ì | | | | | 9 O | |
| PROJECT 19TH STREET PLANT EFFLUENT PIPELINE - 106180-363 | | | | | | Colilert P/A 24hr. | | | | | | | ER (| |
| SAMPLER (SIG | NATURE) | _ | | | | <u> </u> | HPC | | 1 | | | | NUMBER | 1 |
| SAMPL | | TYPE | | TIME | DESCRIPTION | | ≡ | | | \downarrow | | | ž | |
| 1 | | Т | 611-04 | 10:37 | 12" Pipeline North East Port | X | X | | | _ | | | 1 | 14 c12 RES |
| 2 | ··· | Т | (2-11-04 | 10:36 | 12" Pipeline North West Port | X | X | | | \perp | | | 1 | 4012 RES |
| 3 | | Т | 6-11-04 | 10:30 | 12" Pipeline South Port | X | X | | | | | | 1 | -5 cl2 RES |
| | | | | | | | _ | | | _ | | | <u> </u> | |
| | | | | | | | | | | | | | _ | |
| | | | | | | | | | | | | | | |
| | | | | | | | <u> </u> | | | | | | | |
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| | | | | | | | | | | T | | | | |
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| | | | | | | | | | | T | | | | |
| | UISHED BY | <u>. </u> | | | DATE RELINQUISHED BY | | | | DATE | 1000 | | | 3 | TOTAL NUMBER OF CONTAINERS |
| SIGNATURE COLLY SIGNATURE | | | | CO-(104) SIGNATURE | | | | | ľ | | SAN | | CONDITIONS | |
| PRINTED NAME TIME PRINTED NAME | | | | | TIME PRINTED NAME | | | | TIME | | | | | X WARM 12°F |
| mx malberry | | | | | 11:30 COMPANY | | | | | RECEIVED COO | | | COOL | WARM 12°F |
| COMPANY SBW1 | ٥ر | | | | | va | | | | | CUSTODY SI | EALS | YES | NO NO |
| 2 RECEIVED BY A | | | | 6-11 4 | 4 RECEIVED BY | | | CILC CILC | # L | | | | | |
| SIGNATURE | | | | SIGNATURE | GNATURE | | | | ١ | SPECIAL REQUIREMENTS: | | | | |
| PRINTED NAM | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 100 | SOME | | TIME PRINTED NAME COCTCS | W | | | TIME 1215 | - | | | | |
| COMPANY | | W | 11/1/4 | | COMPANY WWW | / k# | | | , | \ | VOC Preserva | ative = | C6H80 | 06, 4C, HCL 2 drops field |

MWH Laboratories

750 Royal Oaks Drive, Monrovia, CA 91016 PHONE: 626-386-1100/FAX: 626-386-1101

ACKNOWLEDGMENT OF SAMPLES RECEIVED

City of San Bernardino

PO Box 710

San Bernardino, CA 92402

Attn: Con Arrieta Phone: 909 377-3194

Municipal Water Department Customer Code: SANBERN-CA

Group#: 128620

Project#: SPECIAL

Proj Mgr: Debbie Frank

Phone: 626 386-1149

The following samples were received from you on 06/11/04. They have been scheduled for the tests listed beside each sample. If this information is incorrect, please contact your service representative. Thank you for using MWH Laboratories.

| Sample# | Sample I | Id | | Matrix | Sample Date |
|---------------------------------------|-------------|----------------|---|-------------|----------------------|
| | | Tests S | Scheduled | | |
| 240611019 | 6 1 12" PJ | IPELINE NORTH | E PORT | Water | 11-jun-2004 10:37:00 |
| · · · · · · · · · · · · · · · · · · · | | @COLI-I | PA SPC | UCMCLFR | • |
| 240611019 | 18 2 12" PI | IPELINE NORTH | W PORT | Water | 11-jun-2004 10:36:00 |
| | | @COLI-E | | UCMCLFR | |
| 240611019 | 9 3 12" PI | IPELINE NORTH | zazantarionariona (2000 antigrafia e esta (2000 antigrafia) | Water | 11-jun-2004 10:30:00 |
| | | @COLI-E | PA SPC | UCMCLFR | |
| | | Test | Acronym | Description | |
| Test A | .cronym | Description | | | |
| | OLI-PA | Coliform, Pres | /Absence | .24 Hours | |
| SP | | Heterotrophic | | | |
| UC | | UCMR Free Chl | | | |



City of San Bernardino
Con Arrieta
Municipal Water Department
PO Box 710
San Bernardino , CA 92402

Samples Received 11-jun-2004 15:51:16

| Analyzed | Sample# | Sample ID | Result | UNITS | MRL |
|----------|------------|----------------------|--------|-------|------|
| | 2406110196 | 1 12" PIPELINE NORTH | E PORT | | |
| 06/11/04 | UCMR Free | Chlorine Residual | 0.4 | mg/l | .010 |
| | 2406110198 | 2 12" PIPELINE NORTH | W PORT | | |
| 06/11/04 | UCMR Free | Chlorine Residual | 0.4 | mg/l | .010 |
| | 2406110199 | 3 12" PIPELINE NORTH | S PORT | | |
| 06/11/04 | UCMR Free | Chlorine Residual | 0.5 | mg/l | .010 |



City of San Bernardino Con Arrieta Municipal Water Department PO Box 710 San Bernardino , CA 92402 Samples Received 06/11/04

| Prepared | Analyzed QC Ref | Method | Analyte | | Result | Units | MRL | Dilution |
|----------|-----------------|---------------|---------------------------|---------|--------|----------|--------|----------|
| 1 12" | PIPELINE NORTH | HE PORT | (2406110196) | Sampled | on 06 | /11/04 1 | 0:37 | |
| 06/11/04 | 06/13/04 13:45 | (ML/SM9215B |) Heterotrophic Plate | Count | <1.0 | CFU/ml | 1.0 | 1 |
| | 06/11/04 00:00 | (SM4500-CL (| G) UCMR Free Chlorine Re | sidual | 0.4 | mg/l | 0.010 | 1 . |
| | | Coliforn | m, Pres/Absence, 2 | 4 Hours | | | | |
| 06/11/04 | 06/12/04 14:36 | (ML/SM 9223 |) E. coli Bacteria | | A | PA | 0.0000 | 1 |
| 06/11/04 | 06/12/04 14:36 | (ML/SM 9223 |) Total Coliform Bacter | ia | A | PA | 0.0000 | 1 |
| 2 12" | PIPELINE NORTH | W PORT | (2406110198) | Sampled | on 06, | /11/04 1 | 0:36 | |
| 06/11/04 | 06/13/04 13:45 | (ML/SM9215B |) Heterotrophic Plate (| ount | <1.0 | CFU/ml | 1.0 | 1 |
| | 06/11/04 00:00 | (SM4500-CL G |) UCMR Free Chlorine Re | sidual | 0.4 | mg/l | 0.010 | 1 |
| | | Coliforn | n, Pres/Absence, 2 | 4 Hours | • | | | |
| 06/11/04 | 06/12/04 14:36 | (ML/SM 9223 |) E. coli Bacteria | • | A | PA | 0.0000 | 1 |
| 06/11/04 | 06/12/04 14:36 | (ML/SM 9223 |) Total Coliform Bacter | ia | A | PA | 0.0000 | 1 |
| 3 12" | PIPELINE NORTH | S PORT (| (2406110199) | Sampled | on 06, | /11/04 1 | 0:30 | |
| 06/11/04 | 06/13/04 13:45 | (ML/SM9215B |) Heterotrophic Plate (| ount | <1.0 | CFU/ml | 1.0 | 1 |
| | 06/11/04 00:00 | (SM4500-CL G |) UCMR Free Chlorine Re | sidual | 0.5 | mg/l | 0.010 | 1 |
| | | Coliforn | n, Pres/Absence, 2 | 4 Hours | | | | |
| 06/11/04 | 06/12/04 14:36 | (ML/SM 9223 |) E. coli Bacteria | | A | PA | 0.0000 | 1 |
| 06/11/04 | 06/12/04 14:36 | (ML/SM 9223 |) Total Coliform Bacter | ia | A | PA | 0.0000 | 1 |
| | | | | | | | | |

| Setup By: | <u>P.W.</u> | / | | Clinical Laborato | ory of San Ber | nardino | , Inc | | X | Plate Count (HPC) |
|--|---------------------|------------------|---------------------|-------------------------------|----------------------------------|------------------|--------------------------|---------------|----------------|---------------------------------------|
| Date/Time: | 7/16/04 16:4: | 5 | | X | Colilert | | | | | |
| Hours: | 3 1/4 | | | | Colilert w/Density | | | | | |
| Were Holding | Times Met? | | | - | - | | | | | |
| (YES) | NO | | | | 10 Tube Method (MTF) | | | | | |
| Report Date: | 7/18/04 | Syste | m Name: | Coliform Ba | | | | System N | T | |
| Laboratory: | Clinical La | | | | | | | | · | |
| Date Sampled | | | | | c Dalpiaz | | e of Lab Di loyed By: | | | n Bernardino MWD |
| Laboratory I.D. Number (CLSB use only) | Collection Time | Bottle Number | | te Name/Street Address | Total/Free Chlorine (mg/L) | Sample Type * | Total Coliform | Fecal E. Coli | Plate Count | Remarks |
| 34 | 1:25 | SP4 | 24" Tie bei | hind existing Effluent Pipeli | ne .9 | | A | | (per 1 ml) | |
| 35 | 1:40 | SP5 | 24" Efflue | ent Vessel Pad to the West | .8 | | A | | 73 | |
| 36 | 1:53 | SP6 | 24" Efflue | ent Vessel Pad to the East | 1.2 | | A | | <1 | |
| | | | | · | | | | | D | CEIVED |
| | | | | | | | | | QU | ALITY CONTROL |
| | | | | | | | | | DATE_ | 7.21.04 |
| | | | - | | | | | | QCO | |
| | | | | | | | | | DIR | |
| | | | | | | | | | FILED BY | |
| | | | | | | | | | , ILLD BI | |
| * 1=Routine 2=Repeat 3=Replacement | W=Well D=Distrib | | =Present =Absent | Notification Requ | ired? Yes | | Person Not | | | · · · · · · · · · · · · · · · · · · · |
| 4=Special | | | | Phone Number: | |] | Date/Time | Notified: | | |
| | | C . | | Colilert | HPC | I. N | ITF | Den | sity | |
| | - | Samples F | | P.N. | P.N. | | | 2011 | | |
| | L | Date/Tim | e Kead: | 7/17/04 12:00 | 7/18/04 | | | | | |